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BIBDATASHEET

CONFIRMATION NO. 8064

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/507,509 | FILING DATE 02/18/2000 RULE | CLASS 705 | GROUP ART UNIT 2175 | ATTORNEY DOCKET NO. 3553-4020US2 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Jay S. Walker, Ridgefield, CT;

Bruce Schneier, Minnehaha Parkway, MN;

James A. Jorasch, Stamford, CT; T. Scott Case, Darien, CT;

** CONTINUING DATA *****

This application is a CON of 09/443,158 11/18/1999 ABN
which is a CON of 08/889,319 07/08/1997 PAT 6,085,169
which is a CIP of 08/707,660 09/04/1996 PAT 5,794,207

SLYES

** FOREIGN APPLICATIONS *****

SL NO 15

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/13/2000

| | | | | |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CT | SHEETS DRAWING 27 | TOTAL CLAIMS 50 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

Walter G. Hanchuk
Morgan & Finnegan, L.L.P.
345 Park Avenue
New York, NY
10154

TITLE

Conditional purchase offer management system

| | | |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | |



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| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 04/13/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged | Examiner's Signature _____ Initials _____ | STATE OR COUNTRY CT | SHEETS DRAWING 27 | TOTAL CLAIMS 50 |
| | | | INDEPENDENT CLAIMS 4 | |
| ADDRESS Ryan & Mason LLP 40 Cranston Street Fairfield, CT 06430 | | | | |
| TITLE Conditional purchase offer management system | | | | |
| FILING FEE RECEIVED 1308 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |